



**DIRECTORATE OF LIFELONG LEARNING
UNIVERSITY OF KASHMIR**

Hazratbal Srinagar-190006

APPLICATION FORM FOR ADMISSION TO SKILL BASED TRAINING PROGRAMMES (2025-26)

For office use only

Amount Received: Rs. _____

Receipt No: _____ Dated: _____

Registration No.Allotted

**Affix Recent
Passport Size
Photograph**

TRAINING APPLIED FOR:

Training Centre Alloted :

1.Centre _____

1.Name (Capital Letters):

[illegible]

2. Parentage (Capital Letters):

[illegible]

3. Contact Details

a) Permanent Address:

[illegible]**b) Present Address:**[illegible]

Cell No:

Parent Cell No:**Aadhar No:**

E-mail:

Examination	University /Board	Year	Subjects	Marks	
				Max. Marks	Marks Obtained

5.Experience if any: _____

6.Date of Birth: _____

7.Gender: (Male/Female/) Tick any _____

8.a) Religion: _____ b) Category (if any) _____

9.Employed/ Unemployed (Yes/ No): _____

(If employed Name of the Department/ organization with forwarding remarks)

Name & Signature of
Forwarding Officer**DECLARATION**

I declare that the entries made in this application form are true and correct to the best of my knowledge and nothing has been concealed or suppressed or misrepresented

Signature of Candidate

List of enclosures with the application form:

1. _____ 2. _____ 3. _____
4. _____ 5. _____

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RECEIPT

Applicant Name: _____ Amount Received: Rs: _____

Parentage: _____ Address: _____

Training Applied _____ Receipt No: _____ Dated: _____

Signature of
Dealing Assistant

FORM NO. _____

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